

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000008362					
1. Entity Name CHECA PARTNERS LLC					
Principal Place of Business 520 BRICKELL KEY DRIVE, SUITE O-305 MIAMI, FL 33131			Mailing Address 520 BRICKELL KEY DRIVE, SUITE O-305 MIAMI, FL 33131		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01112006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 65-1029937				Applied For ☐ Not Applicable	
5. Certificate of Status Desired				☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TRANSGLOBAL CORPORATE ADMINISTRATION LLC 520 BRICKELL KEY DRIVE, SUITE O-305 MIAMI, FL 33131			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHECA, VICENTE 520 BRICKELL KEY DRIVE, SUITE O-305 MIAMI, FL 33131	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	00000051784 Change ☐ Addition 05/01/06-20058-024 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHECA, BENJAMIN 520 BRICKELL KEY DRIVE, SUITE O-305 MIAMI, FL 33131	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAFFO, CARLOS 520 BRICKELL KEY DRIVE, SUITE O-305 MIAMI, FL 33131	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: _____			VICENTE CHECA MANAGER/PRESIDENT		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, RECEIVER OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		